



Agency for Healthcare Research and Quality  
Advancing Excellence in Health Care



NATIONAL  
**GUIDELINE**  
CLEARINGHOUSE

## General

### Guideline Title

Maternity leave in normal pregnancy.

### Bibliographic Source(s)

Leduc D. Maternity leave in normal pregnancy. J Obstet Gynaecol Can. 2011 Aug;33(8):864-6. [3 references] [PubMed](#)

### Guideline Status

This is the current release of the guideline.

## Recommendations

### Major Recommendations

#### Recommendations for Obstetrical Care Providers

1. Understand the difference between a health-related and an illness-related leave of absence.
2. Initiate a routine discussion early in pregnancy about the issues that can present in an uncomplicated pregnancy (e.g., discomfort, poor sleep, fatigue, etc.) so that women can plan their cessation of work.
3. Support women in taking health-related leave to prepare for labour and delivery.
4. Advise women that they can begin maternity benefits up to 8 weeks before the onset of labour.
5. Advise women that physicians cannot support an illness-related leave in an uncomplicated pregnancy and that this leave would be voluntary.

### Clinical Algorithm(s)

None provided

## Scope

### Disease/Condition(s)

Uncomplicated pregnancy

## Guideline Category

Counseling

## Clinical Specialty

Family Practice

Obstetrics and Gynecology

## Intended Users

Advanced Practice Nurses

Physician Assistants

Physicians

## Guideline Objective(s)

To assist maternity care providers in recognizing and discussing health- and illness-related issues in pregnancy and their relationship to maternity benefits

## Target Population

Healthy Canadian women with uncomplicated pregnancies

## Interventions and Practices Considered

Advising pregnant women on health- and illness-related issues in pregnancy and their relationship to maternity leave and maternity benefits

## Major Outcomes Considered

Not stated

## Methodology

### Methods Used to Collect/Select the Evidence

Searches of Electronic Databases

Searches of Unpublished Data

### Description of Methods Used to Collect/Select the Evidence

Published literature was retrieved through searches of PubMed or Medline, CINAHL, and The Cochrane Library in 2009 using appropriate controlled vocabulary (e.g., maternity benefits) and key words (e.g., maternity, benefits, pregnancy). Results were restricted to systematic reviews, randomized controlled trials/controlled clinical trials, and observational studies. There were no date or language restrictions. Searches were updated on a regular basis and incorporated in the guideline to December 2009. Grey (unpublished) literature was identified through searching the web sites of health technology assessment and health technology assessment-related agencies, clinical practice guideline collections, clinical trial

registries, and national and international medical specialty societies.

## Number of Source Documents

Not stated

## Methods Used to Assess the Quality and Strength of the Evidence

Expert Consensus (Committee)

## Rating Scheme for the Strength of the Evidence

Not applicable

## Methods Used to Analyze the Evidence

Systematic Review

## Description of the Methods Used to Analyze the Evidence

Not stated

## Methods Used to Formulate the Recommendations

Expert Consensus

## Description of Methods Used to Formulate the Recommendations

Not stated

## Rating Scheme for the Strength of the Recommendations

Not applicable

## Cost Analysis

A formal cost analysis was not performed and published cost analyses were not reviewed.

## Method of Guideline Validation

Internal Peer Review

## Description of Method of Guideline Validation

This policy statement has been prepared by the Clinical Practice Obstetrics Committee, reviewed by the Family Physicians Advisory Committee, and approved by the Executive of the Society of Obstetricians and Gynaecologists of Canada.

# Evidence Supporting the Recommendations

## Type of Evidence Supporting the Recommendations

The type of evidence supporting the recommendations is not specifically stated.

## Benefits/Harms of Implementing the Guideline Recommendations

### Potential Benefits

- Application of best practices in caring for the pregnant woman in order to minimize risk and maximize positive outcomes for both mother and infant
- Improved education of women about the difference between health-related and illness-related leaves of absence

### Potential Harms

Not stated

## Qualifying Statements

### Qualifying Statements

This document reflects emerging clinical and scientific advances on the date issued, and is subject to change. The information should not be construed as dictating an exclusive course of treatment or procedure to be followed. Local institutions can dictate amendments to these opinions. They should be well documented if modified at the local level. None of these contents may be reproduced in any form without prior written permission of the Society of Obstetricians and Gynaecologists of Canada (SOGC).

## Implementation of the Guideline

### Description of Implementation Strategy

An implementation strategy was not provided.

### Implementation Tools

Foreign Language Translations

For information about availability, see the *Availability of Companion Documents* and *Patient Resources* fields below.

## Institute of Medicine (IOM) National Healthcare Quality Report Categories

IOM Care Need

Staying Healthy

## IOM Domain

Patient-centeredness

# Identifying Information and Availability

## Bibliographic Source(s)

Leduc D. Maternity leave in normal pregnancy. J Obstet Gynaecol Can. 2011 Aug;33(8):864-6. [3 references] [PubMed](#)

## Adaptation

Not applicable: The guideline was not adapted from another source.

## Date Released

2011 Aug

## Guideline Developer(s)

Society of Obstetricians and Gynaecologists of Canada - Medical Specialty Society

## Source(s) of Funding

Society of Obstetricians and Gynaecologists of Canada

## Guideline Committee

Clinical Practice Obstetrics Committee

## Composition of Group That Authored the Guideline

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## Financial Disclosures/Conflicts of Interest

Disclosure statements have been received from all members of the committees.

## Guideline Status

This is the current release of the guideline.

## Guideline Availability

Electronic copies: Available in Portable Document Format (PDF) from the [Society of Obstetricians and Gynaecologists of Canada \(SOGC\) Web site](#) . Also available in French from the [SOGC Web site](#) .

Print copies: Available from the Society of Obstetricians and Gynaecologists of Canada, La société des obstétriciens et gynécologues du Canada (SOGC) 780 promenade Echo Drive Ottawa, ON K1S 5R7 (Canada); Phone: 1-800-561-2416.

## Availability of Companion Documents

None available

## Patient Resources

None available

## NGC Status

The NGC summary was completed by ECRI Institute on October 12, 2011. The information was verified by the guideline developer on November 14, 2011.

## Copyright Statement

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